

State: Arkansas **Filing Company:** The Pyramid Life Insurance Company
TOI/Sub-TOI: MS02I Individual Medicare Supplement - Pre-Standardized/MS02I.000 Medicare Supplement - Pre-Standardized
Product Name: Pre-Standard Medicare Supplement
Project Name/Number: PY PRE 2013 AR/G-15, et al

Filing at a Glance

Company: The Pyramid Life Insurance Company
Product Name: Pre-Standard Medicare Supplement
State: Arkansas
TOI: MS02I Individual Medicare Supplement - Pre-Standardized
Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized
Filing Type: Rate
Date Submitted: 10/19/2012
SERFF Tr Num: UNAM-128735334
SERFF Status: Closed-Disapproved
State Tr Num:
State Status: Disapproved-Closed
Co Tr Num: PY PRE 2013 AR

Implementation: 12/09/2012
Date Requested:
Author(s): Carmen Boyd, Trudi Goldenberg, Holly Parenti
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 10/24/2012
Disposition Status: Disapproved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** The Pyramid Life Insurance Company
TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized
Product Name: Pre-Standard Medicare Supplement
Project Name/Number: PY PRE 2013 AR/G-15, et al

General Information

Project Name: PY PRE 2013 AR Status of Filing in Domicile: Pending
Project Number: G-15, et al Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: 3% Filing Status Changed: 10/30/2012
State Status Changed: 10/30/2012
Deemer Date: Created By: Holly Parenti
Submitted By: Holly Parenti Corresponding Filing Tracking Number:

Filing Description:

The Pyramid Life Insurance Company
NAIC #68284 FEIN # 48-0557726
Request for Rate Revision –Individual Pre-Standard Medicare Supplement
Forms: G-15, et al (G-10, G-15, G-25, G-26)

Enclosed for your review and approval is a rate revision request for the above referenced forms. The Pyramid Life Insurance Company is requesting a 3.0% rate increase on all Pre-Standardized Medicare Supplement plans. This is a closed block of business.

Company and Contact

Filing Contact Information

Holly Parenti, hparenti@universalamerican.com
P.O. Box 958465 407-444-4522 [Phone]
Lake Mary, FL 32795-8465

Filing Company Information

The Pyramid Life Insurance Company CoCode: 68284 State of Domicile: Kansas
1001 Heathrow Park Lane Group Code: 953 Company Type:
Suite 5001 Group Name: State ID Number:
Lake Mary, FL 32746 FEIN Number: 48-0557726
(407) 995-8000 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
The Pyramid Life Insurance Company	\$200.00	10/19/2012	64069740

State:	Arkansas	Filing Company:	The Pyramid Life Insurance Company
TOI/Sub-TOI:	MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized		
Product Name:	Pre-Standard Medicare Supplement		
Project Name/Number:	PY PRE 2013 AR/G-15, et al		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Stephanie Fowler	10/24/2012	10/30/2012

State:	Arkansas	Filing Company:	The Pyramid Life Insurance Company
TOI/Sub-TOI:	MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized		
Product Name:	Pre-Standard Medicare Supplement		
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Disposition

Disposition Date: 10/24/2012

Implementation Date:

Status: Disapproved

Comment: Given the low loss ratio history indicated in this filing (indicating that Pyramid Life has enjoyed healthy profits on this block of business since its inception) and the consistant rate increase history; we cannot approve this rate increase at this time.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Pyramid Life Insurance Company	3.000%	3.000%	\$3,941	31	\$131,357	3.000%	3.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Rate	Current and Requested Rates	Disapproved	No

State:	Arkansas	Filing Company:	The Pyramid Life Insurance Company
TOI/Sub-TOI:	MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized		
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Project Name/Number:	PY PRE 2013 AR/G-15, et al		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	12/09/2011
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Pyramid Life Insurance Company	3.000%	3.000%	\$3,941	31	\$131,357	3.000%	3.000%

State:	Arkansas	Filing Company:	The Pyramid Life Insurance Company
TOI/Sub-TOI:	MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized		
Product Name:	Pre-Standard Medicare Supplement		
Project Name/Number:	PY PRE 2013 AR/G-15, et al		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1	Disapproved 10/24/2012	Current and Requested Rates	G-10, G-15, G-25, G-26	New		AR G-10 3%.pdf AR G-15 3%.pdf AR G-25 3%.pdf AR G-26 3%.pdf

Pyramid Life Insurance Company
Actuarial Justification for A&H Rate Increases
Individual Pre-Standardized Medicare Supplement
Exhibit A - Requested Annual Premium Rates

09-Oct-12

Policy Form G-10
Arkansas Composite Gross Annual Premiums
2013

BENEFIT DESCRIPTIONS

LABEL DESCRIPTION

- A Part A Basic Benefits: Hospital and Skilled Nursing Facilities
- B Part B Basic Benefits: Medical-Surgical
- C Optional Benefit for Part A Initial Deductible
- D Optional Benefit for Skilled Nursing Facility, Nursing Home or
Convalescent Hospital, and Private Duty Nurse - in Hospital
- E Optional Benefit for Hospital, Home Health Care, or Hospice Care
Indemnity
- F Optional Benefit for Medicare Part B Deductible
- G Optional Benefit for Medicare Part B Excess Charges
- H Optional Benefit for Prescription Drugs

Ages	A	B	C	D	E	F	H
ALL	1,189.53	1,729.42	1,777.71	825.21	471.86	390.66	1,053.46

PART G GROSS CHARGES ANNUAL PREMIUMS

Ages	100% CO-INS				DEDUCTIBLE 75% CO-INS				50% CO-INS		
	\$250	\$500	\$1,000	\$0	\$250	\$500	\$1,000	\$0	\$250	\$500	\$1,000
ALL	1,084.18	561.84	269.95	1,248.78	412.60	280.92	164.60	831.79	274.34	190.94	105.35

For Fractional Premiums, multiply

Annual Premium by .52 for Semi-Annual
 .265 for Quarterly
 .10 for Regular Monthly or
 .086 for Preauthorized Check

Pyramid Life Insurance Company
Actuarial Justification for A&H Rate Increases
Individual Pre-Standardized Medicare Supplement
Exhibit A - Requested Premium Rates

Oct-12

2012

Arkansas Composite Gross Annual Premiums
Medicare Supplement Policy,G-15

Base Policy
All Ages

Annual Premium
4,552.77

For Fractional Premium, Multiply Annual premium by:

.52 FOR SEMIANNUAL
.265 FOR QUARTERLY

.10 FOR REGULAR MONTHLY
.086 FOR PREAUTHORIZED CHECK

RG-15-C(12)

Pyramid Life Insurance Company
 Actuarial Justification for A&H Rate Increases
 Individual Pre-Standardized Medicare Supplement
 Requested Premium Rates

ARKANSAS

09-Oct-12

**MEDICARE SUPPLEMENT 2013
 G-25 Annual Premiums**

Issue Age ----	Base Plan ----	Optional 100% R&C Part B -----	Optional Private Room ----	Optional Prescription Drugs
65-100	4,918.21	326.66	326.66	1,157.59

Add the premium for any desired options to the premium for the base plan.
 Apply the area factor multiple to this premium. Then multiply by the modal
 factor (annual-1.00, semi-annual-.52, quarterly-.265, surepay-.086) and
 round to nearest cent.

Pyramid Life Insurance Company
Actuarial Justification for A&H Rate Increases
Individual Pre-Standardized Medicare Supplement
Requested Premium Rates

09-Oct-12

**MEDICARE SUPPLEMENT 2013
G-26 Annual Premiums**

Issue Age	Base Plan	Optional Part A Deductible	Optional 100% R&C Part B	Optional Nonapproved Nursing	Optional Private Room	Optional \$5,000 ADB
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0-64	3,641.01	1,588.96	2,888.23	397.24	465.28	168.99
65	2,688.51	1,171.97	2,131.05	291.90	344.57	122.90
66	2,771.91	1,204.89	2,179.34	320.43	355.54	129.49
67	2,839.94	1,240.01	2,223.23	355.54	366.51	136.07
68	2,886.03	1,272.93	2,240.79	399.44	377.49	140.46
69	2,921.15	1,301.46	2,258.35	449.91	384.07	147.04
70	2,947.48	1,329.99	2,278.10	500.39	395.05	151.43
71	2,969.43	1,358.52	2,295.66	553.06	406.02	162.41
72	2,980.40	1,402.41	2,313.21	607.93	410.41	175.58
73	3,024.30	1,437.53	2,326.38	664.99	423.58	190.94
74	3,057.22	1,470.45	2,330.77	733.03	427.97	208.50
75	3,083.55	1,498.98	2,337.36	805.45	438.94	226.05
76	3,120.86	1,527.51	2,343.94	=	445.52	=
77	3,160.37	1,556.04	2,350.52	Not	449.91	Not
78	3,204.26	1,588.96	2,361.50	Available	463.08	Available
79	3,250.35	1,621.88	2,374.67		467.47	
80	3,296.44	1,657.00	2,385.64		478.44	
81	3,346.92	1,685.53	2,398.81		489.42	
82	3,386.42	1,711.87	2,416.36		496.00	
83	3,436.90	1,746.98	2,433.92		506.98	
84	3,493.96	1,779.90	2,453.67		517.95	
85	3,555.41	1,815.02	2,471.23		528.92	

Add the premium for any desired options to the premium for the base plan.
Apply the area factor multiple to this premium. Then multiply by the modal
factor (annual-1.00, semi-annual-.52, quarterly-.265, surepay-.086) and
round to near cent.
Finally add the one time policy fee of \$20 except (Alabama-\$10,Arkansas-\$0,
Kentucky & Mississippi-\$6).

RG-26-A(13)